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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

42390P10637

First Inventor

Thomas N. Marieb

Title

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## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

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- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages 23]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
- Oath or Declaration [Total Pages 4]
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: .....

Prior application Information: Examiner: ..... Group/Art Unit: .....

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>   |                    | <b>Complete if Known</b>   |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
|---|--------------------|--|----------------|--|----------------|--------------|-------------------|----------------------|------------------|---------------|------------------|--------------------|----------|---------------------|-------------|---------|--------------------|-------------------------------------|--|-----|----|--------------|----|---|--|-----------------|----------|----------|----------|---------------------------|-----|-----|-------|-----|------------------------|--|----|-----|------|-----------------------------------|------|--|-----|-----|---------------------------------------|-----|--------|---|----|---|-----|-----|-----|---|---|---|-----|-------------------|--------------------|--|--------|-----------|-----|-----|-----------|---|--|-----|----------------|-----|-----|--|----------|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--------------------------------|--|---|--|--|--|--------------|----------------|--|--------------|----|------|---|------------------|--------------------|---|-----|---|---------|--------------------|--|--|--|---|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|-----|----|-----|---|------------------------|-----|----|-----|----|-----------------------------------|-----|-----|-----|-----|---------------------------------------|-----|----|-----|----|---|-----|----|-----|---|---|---|--|-------------------|--------------------|-----------------------------------|--------|-----------|--|--|-----------|--|--|--|----------------|--|--|------|----------|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <span style="float: right;">872.00</span>   |                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td style="width: 50%;"></td></tr> <tr><td>Filing Date</td><td>December 18, 2000</td></tr> <tr><td>First Named Inventor</td><td>Thomas N. Marieb</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group/Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>42390P10637</td></tr> </table>   |                | Application Number   |                | Filing Date  | December 18, 2000 | First Named Inventor | Thomas N. Marieb | Examiner Name |                  | Group/Art Unit     |          | Attorney Docket No. | 42390P10637 |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Application Number  |                    |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Filing Date   | December 18, 2000  |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| First Named Inventor  | Thomas N. Marieb   |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Examiner Name   |                    |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
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| Attorney Docket No.   | 42390P10637        |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| <b>METHOD OF PAYMENT (check one)</b>  |                    | <b>FEE CALCULATION (continued)</b>   |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge, indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">02-2666</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Blakely, Sokoloff, Taylor &amp; Zafinan LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>  |                    | <p>3. <b>ADDITIONAL FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for response within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for response within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for response within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for response within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: right;"> <b>SUBTOTAL (1)</b> (\$) <span style="border: 1px solid black; padding: 2px 20px;">710.00</span> </td> <td colspan="2" style="text-align: right;"> <b>SUBTOTAL (3)</b> (\$) _____                 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>29</td> <td>20**</td> <td>9</td> <td>18.00 = \$162.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>3**</td> <td>0</td> <td>80.00 =</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater, For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>135</td><td>Multiple Dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p style="text-align: right;"> <b>SUBTOTAL (2)</b> (\$) <span style="border: 1px solid black; padding: 2px 20px;">162.00</span> </p> </td> <td colspan="2" style="padding: 5px;"> <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name (Print/Type)</td> <td style="width: 20%;">Donna Jo Coningsby</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td style="width: 20%;">41,684</td> </tr> <tr> <td>Signature</td> <td colspan="2" style="text-align: center;"> </td> <td>Telephone</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(503) 684-6200</td> </tr> <tr> <td></td> <td></td> <td>Date</td> <td>12/18/00</td> </tr> </table> </td> </tr> </tbody> </table> |                | Large Entity   |                | Small Entity |                   | Fee Description      | Fee Paid         | Fee Code      | Fee (\$)         | Fee Code           | Fee (\$) | 105                 | 130         | 205     | 65                 | Surcharge - late filing fee or oath |  | 127 | 50 | 227          | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139             | 130      | 139      | 130      | Non-English specification |     | 147 | 2,520 | 147 | 2,520                  | For filing a request for reexamination |    | 112 | 920* | 112                               | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840*                                | 113 | 1,840* | Requesting publication of SIR after Examiner action |    | 115   | 110 | 215 | 55  | Extension for response within first month |   | 116   | 390 | 216               | 195                | Extension for response within second month |        | 117       | 890 | 217 | 445       | Extension for response within third month |  | 118 | 1,390          | 218 | 695 | Extension for response within fourth month |          | 128 | 1,890 | 228 | 945 | Extension for response within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (1)</b> (\$) <span style="border: 1px solid black; 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| Fee Code  | Fee (\$)           | Fee Code   | Fee (\$)       |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 105   | 130                | 205  | 65             | Surcharge - late filing fee or oath  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 127   | 50                 | 227  | 25             | Surcharge - late provisional filing fee or cover sheet.                    |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 139   | 130                | 139  | 130            | Non-English specification  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 147   | 2,520              | 147  | 2,520          | For filing a request for reexamination                                     |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 112   | 920*               | 112  | 920*           | Requesting publication of SIR prior to Examiner action                     |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 113   | 1,840*             | 113  | 1,840*         | Requesting publication of SIR after Examiner action                        |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 115   | 110                | 215  | 55             | Extension for response within first month                                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 116   | 390                | 216  | 195            | Extension for response within second month                                 |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 117   | 890                | 217  | 445            | Extension for response within third month                                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 118   | 1,390              | 218  | 695            | Extension for response within fourth month                                 |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 128   | 1,890              | 228  | 945            | Extension for response within fifth month                                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 119   | 310                | 219  | 155            | Notice of Appeal   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 120   | 310                | 220  | 155            | Filing a brief in support of an appeal                                     |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 121   | 270                | 221  | 135            | Request for oral hearing   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 138   | 1,510              | 138  | 1,510          | Petition to institute a public use proceeding                              |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 140   | 110                | 240  | 55             | Petition to revive - unavoidable   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 141   | 1,240              | 241  | 620            | Petition to revive - unintentional   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 142   | 1,240              | 242  | 620            | Utility issue fee (or reissue)   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 143   | 440                | 243  | 220            | Design issue fee   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 144   | 600                | 244  | 300            | Plant issue fee  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 122   | 130                | 122  | 130            | Petitions to the Commissioner  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 123   | 130                | 123  | 130            | Petitions related to provisional applications                              |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 126   | 180                | 126  | 180            | Submission of Information Disclosure Stmt                                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 581   | 40                 | 581  | 40             | Recording each patent assignment per property (times number of properties) |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 146   | 710                | 246  | 355            | Filing a submission after final rejection (37 CFR § 1.129(a))              |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 149   | 710                | 249  | 355            | For each additional invention to be examined (37 CFR § 1.129(b))           |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 179   | 710                | 279  | 355            | Request for Continued Examination (RCE)                                    |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 169   | 900                | 169  | 900            | Request for expedited examination of a design application                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Other fee (specify) _____   |                    |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Other fee (specify) _____   |                    |  |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| <b>SUBTOTAL (1)</b> (\$) <span style="border: 1px solid black; padding: 2px 20px;">710.00</span>  |                    | <b>SUBTOTAL (3)</b> (\$) _____   |                |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>29</td> <td>20**</td> <td>9</td> <td>18.00 = \$162.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>3**</td> <td>0</td> <td>80.00 =</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater, For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>135</td><td>Multiple Dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p style="text-align: right;"> <b>SUBTOTAL (2)</b> (\$) <span style="border: 1px solid black; padding: 2px 20px;">162.00</span> </p> |                    |  |                | Extra Claims   | Fee from below |              | Total Claims      | 29                   | 20**             | 9             | 18.00 = \$162.00 | Independent Claims | 3        | 3**                 | 0           | 80.00 = | Multiple Dependent |                                     |  |     | =  | Large Entity |    | Small Entity  |  | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$)                  | 103 | 18  | 203   | 9   | Claims in excess of 20 | 102                                    | 80 | 202 | 40   | Independent claims in excess of 3 | 104  | 260  | 204 | 135 | Multiple Dependent claim, if not paid | 109 | 80     | 209   | 40 | **Reissue independent claims over original patent | 110 | 18  | 210 | 9   | **Reissue claims in excess of 20 and over original patent | <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name (Print/Type)</td> <td style="width: 20%;">Donna Jo Coningsby</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td style="width: 20%;">41,684</td> </tr> <tr> <td>Signature</td> <td colspan="2" style="text-align: center;"> </td> <td>Telephone</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(503) 684-6200</td> </tr> <tr> <td></td> <td></td> <td>Date</td> <td>12/18/00</td> </tr> </table> |     | Name (Print/Type) | Donna Jo Coningsby | Registration No. (Attorney/Agent)          | 41,684 | Signature |     |     | Telephone |   |  |     | (503) 684-6200 |     |     | Date                                       | 12/18/00 |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
|   |                    | Extra Claims   | Fee from below |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Total Claims  | 29                 | 20**   | 9              | 18.00 = \$162.00   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Independent Claims  | 3                  | 3**  | 0              | 80.00 =  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Multiple Dependent  |                    |  |                | =  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Large Entity  |                    | Small Entity   |                | Fee Description  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Fee Code  | Fee (\$)           | Fee Code   | Fee (\$)       |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 103   | 18                 | 203  | 9              | Claims in excess of 20   |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 102   | 80                 | 202  | 40             | Independent claims in excess of 3  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 104   | 260                | 204  | 135            | Multiple Dependent claim, if not paid                                      |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 109   | 80                 | 209  | 40             | **Reissue independent claims over original patent                          |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| 110   | 18                 | 210  | 9              | **Reissue claims in excess of 20 and over original patent                  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Name (Print/Type)   | Donna Jo Coningsby | Registration No. (Attorney/Agent)  | 41,684         |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
| Signature   |                    |  | Telephone      |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
|   |                    |  | (503) 684-6200 |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |
|   |                    | Date   | 12/18/00       |  |                |              |                   |                      |                  |               |                  |                    |          |                     |             |         |                    |                                     |  |     |    |              |    |   |  |                 |          |          |          |                           |     |     |       |     |                        |  |    |     |      |                                   |      |  |     |     |                                       |     |        |   |    |   |     |     |     |   |   |   |     |                   |                    |  |        |           |     |     |           |   |  |     |                |     |     |  |          |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |                                |  |   |  |  |  |              |                |  |              |    |      |   |                  |                    |   |     |   |         |                    |  |  |  |   |              |  |              |  |                 |          |          |          |          |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |   |     |    |     |   |   |   |  |                   |                    |                                   |        |           |  |  |           |  |  |  |                |  |  |      |          |

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